

Recommended Application for the NIDCD Partnership Program

Instructions

- Complete all sections of this form.
- Review the checklist at the end of this form to ensure you submit all the requested materials
- It is strongly recommended that the application be typewritten.
- Please attach extra pages as needed.
- Be sure your name is on each page of all materials, preferably in a header at the top of each page.
- Remember to sign the application.
- Applicants should demonstrate an understanding of NIDCD's mission and current projects. For information on current projects, please refer to www.nidcd.nih.gov.
- The due date for receiving applications is **January 15**.
- Questions? Contact Kay Johnson Graham • Tel: (301) 402-6415 • Fax: (301) 496-7171 • E-mail: johnsonk@ms.nidcd.nih.gov
- **Submit to:** NIDCD/NCMHD Partnership Program • Kay Johnson Graham • EEO Office, National Institute on Deafness and Other Communication Disorders • 31 Center Drive, Room 3C08 • MSC 2320 • Bethesda, MD 20892-2320 • Tel: (301) 402-6415 • Fax: (301) 496-7171 • E-mail: johnsonK@ms.nidcd.nih.gov

I. PERSONAL INFORMATION

1. Name (Last, First, Middle):	2. Social Security Number:
	_ _ _ - _ _ - _ _ _
3. Current address (street/P.O box, apartment, city, state, zip):	4. Current contact information:
Address valid until (date): _____	Telephone: () _____ - _____ Telephone: () _____ - _____ Fax: () _____ - _____ E-mail: _____
5. Permanent address (if different than current address):	6. Permanent contact information:
	Telephone: () _____ - _____ Telephone: () _____ - _____ Fax: () _____ - _____ E-mail: _____
7. Alternate contact name, relationship, and address:	8. Alternate contact information:
	Telephone: () _____ - _____ Telephone: () _____ - _____ Fax: () _____ - _____ E-mail: _____
9. Citizenship:	10. Applicant status:
<input type="checkbox"/> U.S. <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other, specify _____	<input type="checkbox"/> New <input type="checkbox"/> Renewal, what years? _____

II. VOLUNTARY APPLICANT INFORMATION

Completion of this section is voluntary, however your responses will ensure accurate information regarding Partnership Program practices.

11. Birthdate: <div style="text-align: center;"> ____ / ____ / ____ Month Date Year </div>	12. Gender: <div style="text-align: center;"> <input type="checkbox"/> Female <input type="checkbox"/> Male </div>
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13. Disabilities: (Check all that apply) <input type="checkbox"/> I do not have a disability <input type="checkbox"/> Deaf <input type="checkbox"/> Blind <input type="checkbox"/> Mental retardation <input type="checkbox"/> Mental or emotional illness <input type="checkbox"/> Convulsive disorder <input type="checkbox"/> Missing extremities <input type="checkbox"/> Severe distortion of limbs and/or spine <input type="checkbox"/> Partial paralysis <input type="checkbox"/> Complete paralysis <input type="checkbox"/> I have a disability, but it is not listed (specify): _____	14. Race: (Choose all that apply) <input type="checkbox"/> American Indian or Alaska Native – a person having origins in any of the original peoples of North or South America (including Central America) and who maintains tribal affiliation or community attachment. <input type="checkbox"/> Asian – a person having origins in any of the peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam. <input type="checkbox"/> Black or African American – a person having origins in any of the black racial groups of Africa. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands <input type="checkbox"/> White – a person having origins in any of the original peoples of Europe, the Middle East, or North America.				
15. Ethnicity: <input type="checkbox"/> Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. <input type="checkbox"/> Not Hispanic or Latino					
III. RELEVANT EXPERIENCE You may substitute a resume and/or attach pages for this section, but please ensure that you provide all the requested information.					
16. Current status as of June 1, 2002: (Check only one)					
<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior	<input type="checkbox"/> Senior <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate Student	<input type="checkbox"/> Medical Student <input type="checkbox"/> Resident <input type="checkbox"/> Post-doctoral Fellow <input type="checkbox"/> Administrator	<input type="checkbox"/> Faculty member <input type="checkbox"/> Clinician <input type="checkbox"/> Other, specify _____		
17. Education: (A transcript from all colleges and universities that you attended for at least 1 year is required.)					
College	Location (City, State)	Dates of Attendance	Major	Degree	Year Awarded (or to be awarded)
18. List any additional training you have relevant to your career plans (e.g., American Sign Language). _____ _____					
19. Employment history: (Begin with your most recent position.)					
Employer	City, State	Dates	Position	Responsibilities	
20. Awards, scholarship, and scholastic achievements: (Describe any scholastic achievements, honors, or awards that you have received that are relevant to Partnership Program.) _____ _____					

21. College and community activities: (Describe the activities you have been involved in, outside of work and school, including volunteer activities.)					
Activity		Dates	Hours per Week	Your Role	
22. Skills. (Describe the skills you have that will help you be a successful contributor to research at NIDCD. Include laboratory/research skills, publications, scientific societies, and presentations.)					
23. Languages (other than English)					
Language		Read	Read Fluently	Speak	Speak Fluently
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. GOALS AND INTERESTS Please feel free to attach an extra page to answer the following questions.					
24. What are your educational goals (e.g., what degrees do you hope to attain, in what fields?)					
25. What are your career goals?					
26. Describe your interests in biomedical research and in the human communication sciences.					
27. How would participation in the Partnership Program help you attain your goals?					
28. What do you have to offer to the NIDCD and your potential mentor?					
29. What do you expect from a mentor at NIDCD? (Optional: Indicate which scientists or research projects at NIDCD you are most interested in working with)					

30. Preferred placement (Please review the information on the NIDCD web site: www.nidcd.nih.gov .)			
<input type="checkbox"/> Cell Biology <input type="checkbox"/> Molecular Biology <input type="checkbox"/> Molecular Genetics	<input type="checkbox"/> Neurochemistry <input type="checkbox"/> Neuro-Otology <input type="checkbox"/> Immunology	<input type="checkbox"/> Head & Neck Surgery <input type="checkbox"/> Epidemiology/Statistics <input type="checkbox"/> Language	<input type="checkbox"/> Grants Administration (faculty and administrators only)
31. Proposed length of training period (weeks or months)		32. Dates available (start and end date)	
33. How did you hear about the Partnership Program?			
V. LETTERS OF RECOMMENDATION			
At least two letters of recommendation are to be submitted with the application. If possible, one should be from the liaison to the Partnership Program from your institution. If this is a renewal application, one letter must be from your NIDCD mentor. You may use the enclosed business reply envelopes to return these letters.			
34. Please indicate the names and telephone numbers of people who you have asked for a recommendation			
1. Name: _____ Telephone: () _____ - _____			
2. Name: _____ Telephone: () _____ - _____			
3. Name: _____ Telephone: () _____ - _____			
VI. CHECKLIST			
35. Have you included all these items in this packet or under separate cover?			
	Included	To come	
	<input type="checkbox"/>	<input type="checkbox"/>	Completed, typed application
	<input type="checkbox"/>	<input type="checkbox"/>	Your application is signed
	<input type="checkbox"/>	<input type="checkbox"/>	Two letters of recommendation
	<input type="checkbox"/>	<input type="checkbox"/>	Letter of recommendation from your NIDCD mentor (if applicable)
	<input type="checkbox"/>	<input type="checkbox"/>	Official transcripts from colleges and universities
	<input type="checkbox"/>	<input type="checkbox"/>	Clear statements of your interests and goals
	<input type="checkbox"/>	<input type="checkbox"/>	Everything is legible and ready for copying and facsimile transmission
VII. SIGNATURE			
Your signature signifies that you have provided information that is correct, to the best of your knowledge.			
<div style="border-top: 1px solid black; margin-top: 5px; text-align: center;">Signature</div>			<div style="border-top: 1px solid black; margin-top: 5px; text-align: center;">Date</div>